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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Gonzales, Ernest, Anthony To	-				100 1111 550			
	(b) Address (number and street) 11613 Huebner		Check if addre	ss changed		2. Candidate's FEC H0TX35015	dentification	Number	
	(c) City, State, and ZIP Code					3. Is This	New		Amended
	San Antonio		T	7824	8	Statement	(N) OR	×	(A)
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist	rict of Candidate			
	REPUBLICAN PARTY	House			TX	23			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
	NOTE: This designation should be f	iled with the a	ppropriate offi	ce listed in tl	ne instructions.				
	(a) Name of Committee (in full) TONY GONZALES FOR CONGRESS								
	(b) Address (number and street) 11613 HUEBNER								
	(c) City, State, and ZIP Code								
	SAN ANTONIO				TX	78248			
	DE				_	COMMITTEES			
			(Including Joir	nt Fundraisin	g Representativ	es)			
8.	I hereby authorize the following nancandidacy.	ned committee	, which is NO	T my princip	al campaign cor	nmittee, to receive an	d expend fun	ds on beha	alf of my
	NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) WAR VETERANS FUND								
	(b) Address (number and street) PO BOX 26141								
	(c) City, State, and ZIP Code								
	ALEXANDRIA				VA	22313			
	I certify that I have exa	mined this Sta	ntement and to	the best of	my knowledge a	and belief it is true, co	rrect and com	plete.	
Si	gnature of Candidate					Date			
G_0	onzales, Tony, Anthony, , II			[Elect	ronically Filed]	11/09/2022			
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	TONY GONZALES VICTORY FUND						
	(b) Address (number and street) 12000 STARCREST DR STE 101						
	(c) City, State, and ZIP Code						
	SAN ANTONIO	TX	78247				
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal cam						
	(a) Name of Committee (in full)						
	TAKE BACK THE HOUSE 2022						
	(b) Address (number and street) PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	MD	20824-0844				
8.	3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Take Back the House Texas 2022						
	(b) Address (number and street) PO Box 30844						
	(c) City, State, and ZIP Code						
	Bethesda	MD	20824				
8.	3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)						
	2022 PHASE 1 PATRIOT DAY JFC						
	(b) Address (number and street) 228 S. WASHINGTON STREET						
	SUITE 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22314				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full) HISPANIC LEADERSHIP TRUST PARTNERSHIP							
	(b) Address (number and street) PO BOX 341027							
	(c) City, State, and ZIP Code	_						
	AUSTIN TX 78734							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							